

above expectations
RAYFIELD
C O U N T Y
Resolution

No. 2016-29

**Delay Joint Finance Committee
Adoption of Family Care/IRIS 2.0 Concept Paper**

WHEREAS, the Family Care and IRIS programs enable individuals with physical disabilities, cognitive disabilities, and the frail elderly to remain in their own homes to avoid institutionalization; *and*

WHEREAS, the 2015-2017 State Budget, Act 55, directs the Department of Health Services (DHS) to make a number of recommendations for changes to the Family Care and IRIS Programs, that will be referred to as Family Care/IRIS 2.0; *and*

WHEREAS, the proposed changes are expected to improve participant services and experiences and improve health and community living outcomes while saving taxpayer dollars through gains in efficiency and effectiveness; *and*

WHEREAS, the Wisconsin Department of Health Services held public hearings throughout the state in September and October 2015 and received testimony from interested parties, then submitted the Family Care/IRIS 2.0 Concept Paper to members of the Wisconsin Joint Finance Committee recommending action; *and*

WHEREAS, The Concept Paper lacks sufficient detail and does not adequately address a number of concerns identified at the 2015 public hearings, including:

- 1) The elimination of the current IRIS uniform statewide mechanism used to calculate individual budgets for participants, and the allowance for each Integrated Health Agencies (IHA) to design its own budget setting methodology (**note:** if not eliminated, the current IRIS uniform statewide mechanism must be modified to accurately address the needs of frail elders);
- 2) Eliminating the ability for current Managed Care Organizations (MCO) to continue to provide service by dividing the state into only three Family Care/IRIS 2.0 zones;
- 3) Reducing the ability of small, locally owned and operated businesses to continue to provide services to members after the "any willing provider" provision expires three years after the transition to IHAs; (**note:** the final Concept Paper states a *minimum* of three years)
- 4) Expecting Aging and Disability Resource Centers (ADRC) to engage current members and provide them with information regarding the transition to Family Care/IRIS 2.0 while phasing enrollment to IHAs over several months, not allowing adequate time for members and other stakeholders to learn how these transitions may affect members and to discover any unintended consequences of the new program;
- 5) Referencing improvements that will be made, but not explaining the modifications to reduce or relieve Counties of the current financial burden for providing services (e.g. behavioral health) to Family Care members or how IHAs are expected to improve crisis service capacity;

